

Work Order ID 89369

89369

Page 1

August-24-12 1:36:06 PM

Item ID: D407-667-105

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Crosstube Fwd

Start Date: 8/21/12 Start Qty: 1.00 *1*

Cust Item ID:

Required Date: 9/14/12 Req'd Qty: 1.00 *1*

Customer:

Reference:

Run Start *NR1*

Approvals: Process Plan: MLT Date: 12/08/12 Tooling: _____ Date: _____

Stop *NR2*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
D407-667-145	Rev C (DEO)
DSI9565	A
DSI9628	A

100

0.00

100

DOCUMENT CONTROL

DC

Memo

0.00

Document Control

Photocopy bluefile and create labels as per PPP D407-667-105 CHG005

110

0.00

110

Packaging

Packaging

Memo

0.00

Packaging

B89369 D407-667-105

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Work Order ID 89369

89369

Page 2

August-24-12 1:36:06 PM

Item ID: D407-667-105

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Crosstube Fwd

Start Date: 8/21/12 Start Qty: 1.00

1

Cust Item ID:

Required Date: 9/14/12 Req'd Qty: 1.00

1

Customer:

Reference:

Run Start

NR1

Approvals:

Process Plan:

Date:

Tooling:

Date:

Stop

NR2

QC:

Date:

SPC (Y/N):

Date:

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

120

120

CNC Bend 2

CNC Alpha 160 Bender

BENDING MACHINE - CROSSTUBES

Memo

.Bend tube as per Dwg D407-667-145 using CNC bender program 407-fw

0.00

0.00

RM

12-10-30

130

130

QC

Quality Control

QC15- Crosstube Dimensional Check

Memo

0.00

0.00

DAS 16 9-8

12/10/30

40

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Work Order ID 89369

89369

Page 3

August-24-12 1:36:06 PM

Item ID: D407-667-105

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Crosstube Fwd

Start Date: 8/21/12 Start Qty: 1.00 *1*

Cust Item ID:

Required Date: 9/14/12 Req'd Qty: 1.00 *1*

Customer:

Reference:

Run Start *NR1*

Approvals: Process Plan: Date: Tooling: Date:

Stop *NR2*

QC: Date: SPC (Y/N): Date:

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

140

0.00

140

Crosstubes

Crosstubes

0.00

Memo

***** ENSURE PROPER JIG POSITIONING *****

1- scribe batch # inside of cuff

2-Drill pilot holes in tube using drill Jig DT8541 & DT8542 as per Dwg D407-667-145. Drill all (3) top holes use drill table jig DT8577 hole #1,#11 to set up towers, as per QSI0010.

3-Drill and Ream all holes in tube to finish size using drill Jig DT8541 & DT8542 as per Dwg D407-667-145 Check dimensions between holes on all four sides.

4-Flip tube and switch drilling Jigs from right to left, left to right. Locate Jigs off existing holes using "T" pins.

5-Drill pilot holes using drill Jig DT8541 & DT8542 as per Dwg 407-667-145. Drill only the top (2) holes.

6-Drill & ream the top (2) holes to finish size using drill Jig DT8541 & DT8542 as per Dwg D407-667-145

7-Drill Fwd rivet holes using drill Jig DT8787FWD as per Dwg D206-667-145.Note: Fwd side has 3x top holes.

8-Drill Aft rivet holes using drill Jig DT8787AFT as per Dwg D407-667-145.

9-C/sink holes as per Dwg D407-667-145. Allow rivet to sit below surface to compensate for paint.

Handwritten signature/initials.

Handwritten signature/initials.

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

seg 140

***** ENSURE PROPER JIG POSITIONING BEFORE DRILLING***** , VERIFIED BY: JW *****

1- Drill holes & ream using drill Jig DT8541 & DT8542 as per Dwg D407-667-145. Drill all (3) top holes. Holes facing inboard.

***** ENSURE PROPER JIG POSITIONING BEFORE DRILLING***** , VERIFIED BY: JW *****

2- Drill Fwd rivet holes using drill Jig DT8787 fwd as per Dwg D407-667-145.

Note: Fwd side has 3x top holes. Facing inboard.

3- C'sink holes as per Dwg D407-667-145. Allow rivet to sit below surface to compensate for paint.

4- Flip tube and switch drilling Jigs from right to left, left to right. Locate Jigs off existing holes using "T" pins. Drill ONLY 2 top holes ONLY plug most bottom holes to prevent accidental drilling. Drill holes and ream using drill Jig DT8541 & DT8542 as per Dwg D407-667-145. Drill only the top (2) holes.

***** ENSURE PROPER JIG POSITIONING BEFORE DRILLING***** , VERIFIED BY: JW *****

5- Drill Aft rivet holes using drill Jig DT8787 aft as per Dwg D407-667-145.

***** ENSURE PROPER JIG POSITIONING BEFORE DRILLING***** , VERIFIED BY: JW *****

6- C'sink holes as per Dwg D407-667-145. Allow rivet to sit below surface to compensate for paint.

7- Scribe part # and batch # using vibrating stylus as per Dwg D407-667-145

Inside of Cuff (Do not engrave on outside of tube)

Rm / mo 12-10-31

8- *** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE*** Deburr & Inspect for surface damage.
Repair damage within limits as per Dwg D407-667-145

Rm 12-11-1

Work Order ID 89369

89369

Page 4

August-24-12 1:36:06 PM

Item ID: D407-667-105

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Crosstube Fwd

Start Date: 8/21/12 Start Qty: 1.00

1

Cust Item ID:

Required Date: 9/14/12 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan: Date: Tooling: Date:

Run Start *NR1*

QC: Date: SPC (Y/N): Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

MD

10 -*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***
Deburr & Inspect for surface damage. Repair damage within limits as per Dwg
D407-667-145

150

QC5- Inspect part completeness to step on W/O 0.00

150

QC

Memo

0.00

Quality Control

*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***

1

DAS
05
8-89 12-11-06

160

0.00

160

HandFXtube

Memo

0.00

Hand Finishing Crosstubes

*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***

1-CLEAN CROSSTUBE WITH WASH'N WIPE

1

DAS
05
8-89 12-11-06

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

Work Order ID 89369

89369

Page 5

August-24-12 1:36:06 PM

Item ID: D407-667-105

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Crosstube Fwd

Start Date: 8/21/12 Start Qty: 1.00 *1*

Cust Item ID:

Required Date: 9/14/12 Req'd Qty: 1.00 *1*

Customer:

Reference:

Approvals: Process Plan: Date: Tooling: Date:

Run Start *NR1*

QC: Date: SPC (Y/N): Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
180	Outsource process - NDT per QSI038 4.1	0.00							
180									
Outsource2	Memo	0.00							
Outsource process - NDT	*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***								
	OUTSIDE SERVICE -CROSSTUBES								
	Liquid Penetrant Inspection as per QSI 038 Or								
	Issue P/O: 18342 LPI as per ASTM 1417								
	Level 2 Attach copy of NDT results to work order								
190		0.00							
190	Packaging								
Packaging	Memo	0.00							
Packaging	*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***								
	Inspect for transit damage								
	Ensure copy of NDT results attached to work order.								
200	QC5- Inspect part completeness to step on W/O	0.00							
200									
QC	Memo	0.00							
Quality Control	*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***								
	Inspect for damage & ensure results are as per Dwg D206-667-145								

12-11-06

12/4/07

DAS
05 12 11 07
9-89

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge _____ _____ _____		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Work Order ID 89369

89369

Page 6

August-24-12 1:36:06 PM

Item ID: D407-667-105

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Crosstube Fwd

Start Date: 8/21/12 Start Qty: 1.00 *1*

Cust Item ID:

Required Date: 9/14/12 Req'd Qty: 1.00 *1*

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
204		0.00							
204									
HandFXtube	Memo	0.00							
Hand Finishing Crosstubes	*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***								
	1- PRESSURE WASH AND THEN USE WASH'N WIPE TO CLEAN CROSSTUBE BEFORE CHEMICAL CONVERSION								
206	QC7-Inspect Chemical Conversion Coat	0.00							
206									
QC	Memo	0.00							
Quality Control	*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***								

MO

12/11/06

DAS
05
8-89

12/11/07

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

Work Order ID 89369

89369

Page 7

August-24-12 1:36:07 PM

Item ID: D407-667-105

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Crosstube Fwd

Start Date: 8/21/12 Start Qty: 1.00

1

Cust Item ID:

Required Date: 9/14/12 Req'd Qty: 1.00

1

Customer:

Reference:

Run Start

NR1

Approvals:

Process Plan:

Date:

Tooling:

Date:

Stop

NR2

QC:

Date:

SPC (Y/N):

Date:

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

210

0.00

210

SprayPaint

Spray Painting

SprayPaint

Memo

0.00

*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***

1-Prime inside and outside crosstube as per QSI 005 4.2

2-Paint outside crosstube with White Imron as per QSI 005 4.2

PRIME:

Start Time: 7:00

Finish Time: 8:00

PAINT:

Start Time: 12:30

Finish Time: 1:30

220

QC14- Inspect Spray Paint

0.00

220

QC

Quality Control

Memo

0.00

Then, Wrap in plastic bag to protect from scratches

DAS
05
9-89 12 11 10

41 12 11 11 (x1)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>							
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data <input type="checkbox"/>													
Equip/Tooling <input type="checkbox"/>													
Operator <input type="checkbox"/>													
Material <input type="checkbox"/>													
Setup <input type="checkbox"/>													
Other <input type="checkbox"/>													
Process <input type="checkbox"/>													
Supplier <input type="checkbox"/>													
Training <input type="checkbox"/>													
Unapproved <input type="checkbox"/>													
FAULT CATEGORY													
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; vertical-align: top;"> Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube </td> <td style="width:33%; vertical-align: top;"> General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio </td> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions </td> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other </td> </tr> </table>										Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other										

Work Order ID 89369

89369

Page 8

August-24-12 1:36:07 PM

Item ID: D407-667-105

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Crosstube Fwd

Start Date: 8/21/12 Start Qty: 1.00

1

Cust Item ID:

Required Date: 9/14/12 Req'd Qty: 1.00

1

Customer:

Reference:

Run Start

NR1

Approvals:

Process Plan:

Date:

Tooling:

Date:

Stop

NR2

QC:

Date:

SPC (Y/N):

Date:

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

230

0.00

230

Crosstubes

Crosstubes

Memo

0.00

Crosstubes

1-Abrade mating surfaces of support and crosstube with 400 grit sandpaper, clean the area with 4105S wash 'n' wipe

2-Install supports with Proseal 890 per DSI9565 and QSI 015

A/R Proseal 890 Batch: 123103

3- Torque bolts as per dwg

4-Install nut plates as per Dwg D407-667-145. Touch-up rivet heads with Imron paint.

DAS
05
9-89

12-11-11

240

QC5- Inspect part completeness to step on W/O

0.00

240

QC

Memo

0.00

Quality Control

DAS
16
9-89

12/18/06

DAS
15
9-89

12/20/06

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

Work Order ID 89369

89369

Page 9

August-24-12 1:36:07 PM

Item ID: D407-667-105

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Crosstube Fwd

Start Date: 8/21/12 Start Qty: 1.00 ***1***

Cust Item ID:

Required Date: 9/14/12 Req'd Qty: 1.00 ***1***

Customer:

Reference:

Run Start ***NR1***

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Stop ***NR2***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
250	Pick Kit	0.00							
250									
Packaging	Memo	0.00				1			jb 12/12/07
Packaging									
260	QC4- 100% Inspect kits for completeness	0.00							
260									
QC	Memo	0.00				1			
Quality Control									
270	Packaging	0.00							
270									
Packaging	Memo	0.00							
Packaging	Identify and pack for shipping as per PPP D407-667-105								
	Location: <u>053</u>								
	PPP Rev: _____								

20 8-89 Sh 12/12/07

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Work Order ID 89369

89369

Page 10

August-24-12 1:36:07 PM

Item ID: D407-667-105

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Crosstube Fwd

Start Date: 8/21/12 Start Qty: 1.00 *1*

Cust Item ID:

Required Date: 9/14/12 Req'd Qty: 1.00 *1*

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

280

QC21- Final Inspection - Work Order Release

0.00

280

QC

Memo

0.00

Quality Control

12/12/10 JF

ME

12-12-07

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge _____ _____ _____		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____	

Picklist Print

August-24-12 1:36:06 PM

Page 1

Work Order ID: 89369
Parent Item: D407-667-105
Parent Item Name: Crosstube Fwd

Start Date: 8/21/12
Start Qty: 1.00

Required Date: 9/14/12
Required Qty: 1.00

Comments: IPP Rev:F 05.09.01Add holes for compatibility with Bell SkidtubesKJ/JLM
IPP Rev:G 08-05-16 chg QC6 to QC15 DD verified by:EC
IPP Rev:H 08-06-03 update as per DSI9415 (ECN1198) DD verified by:ec
IPP Rev:I 08-07-14 add (scribe inside of tube) seq.6 DD verified by:EC
IPP Rev:J 08-07-28 update as per (par 08-013) DD verified by:EC
IPP Rev K 09.01.06 ECN 08-562 EC verified by:DD IPP REV:L 11.08.05 PER ECN 11-615 DD VERF:EC IPP REV:M 12.08.20 DSI9628 revA (ECN12-631) DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
AN5-10A Bolt		Purchased	No			250	Each	417.0000	10	10	123533	90	SA
				<u>Location</u>		<u>Loc Qty</u>	<u>Loc Code</u>						
				ST337		317							
				118191		80							
				121243		100							
				122151		137							
				ST362		100							
				122800		100							
AN5-30A BOLT		Purchased	No			250	Each	105.0000	4	4	123525	90	12/12/07
				<u>Location</u>		<u>Loc Qty</u>	<u>Loc Code</u>						
				ST337		50							
				122416		50							
				ST339		55							
				117514		7							
				122141		48							

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY									
Landing Gear			General						
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced					
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure					
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld					
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled					
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved						
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabelled	<input type="checkbox"/> Positioned Wrong						
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Other					
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset							
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration							
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence							
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions							

Picklist Print

August-24-12 1:36:06 PM

Page 2

Work Order ID: 89369
Parent Item: D407-667-105
Parent Item Name: Crosstube Fwd

Start Date: 8/21/12
Start Qty: 1.00

Required Date: 9/14/12
Required Qty: 1.00

AN5-32A Purchased No

250 Each 301.0000 4 4

Bolt

Location	Loc Qty	Loc Code
ST337	100	
122416	50	
122800	50	
ST339	101	
120423	5	
122151	96	
ST340	100	
121541	100	

SMP

122416

AN960JD516 NAS1149D0563J Purchased No

250 Each 2.0000 18 18

Washer

Location	Loc Qty	Loc Code
ST338	2	
1069059	2	

SWP

123355

D206-667-017 Manufactured No

250 Each 0.0000 1 1

Grounding Strap Installation

90289

1 1

AS 12-11-14

D2873-043 Manufactured No

230 Each 48.0000 2 2

Nut Plate Assembly

AS 12-11-28

Location	Loc Qty	Loc Code
LG052	48	
72644	2	
82949	6	
84386	40	

D2873-045 Manufactured No

230 Each 1.0000 2 2

Nut Plate Assembly

AS 12-12-05

B# 93862

Location	Loc Qty	Loc Code
LG052	1	
82947	1	

August-24-12 1:36:06 PM

Shop Packet Print

Page 2

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

Picklist Print

August-24-12 1:36:06 PM

Page 3

Work Order ID: 89369

Parent Item: D407-667-105

Parent Item Name: Crosstube Fwd

Start Date: 8/21/12

Required Date: 9/14/12

Start Qty: 1.00

Required Qty: 1.00

D2891-1 Manufactured No
2.25 Support

230 Each 13.0000 2 2 8/12/11/11

B# 88892

Location	Loc Qty	Loc Code
LG051	11	
84164	11	
LG052	2	
72822	1	
75176	1	

D3595-063-395 Manufactured No
RUBBER CUSHION

230 Each 112.0000 4 4 12/11/11

Location	Loc Qty	Loc Code
LG051	112	
82223	2	
87353	110	

D407-667-105TRN Manufactured No
Crosstube Turning Detail
MS20601-AD4W10 Purchased No
RIVET

B69478	110	Each	0.0000	1	1	12-10-30
	230	Each	234.0000	14	14	12-12-05

Location	Loc Qty	Loc Code
LG050	233	
120676	3	
121690	100	
122518	100	
125125	30	
LG051	1	
118675	1	

August-24-12 1:36:06 PM

Shop Packet Print

Page 3

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other <hr/> <hr/> <hr/>	

Picklist Print

August-24-12 1:36:06 PM

Page 4

Work Order ID: 89369
 Parent Item: D407-667-105
 Parent Item Name: Crosstube Fwd

Start Date: 8/21/12
 Start Qty: 1.00

Required Date: 9/14/12
 Required Qty: 1.00

MS21042L5
 Nut

Purchased No

250 Each 1,616.0000 4

4 ✓ JB 12/12/07



SMB

Location	Loc Qty	Loc Code
300	488	
121652	488	
314	1000	
122452	1000	122452
ST300	128	
108827	4	
116105	1	
116548	43	
119109	68	
2937	12	

MS21920-20
 Clamp (per MIL-DTL-8783C)

Purchased No

230 Each 127.0000 4

4 ✓ 12/11/11

Location	Loc Qty	Loc Code
LG050	127	
116799	8	
120676	8	
121067	2	
121274	2	
122254	57	
122518	50	

August-24-12 1:36:06 PM

Shop Packet Print

Page 4

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

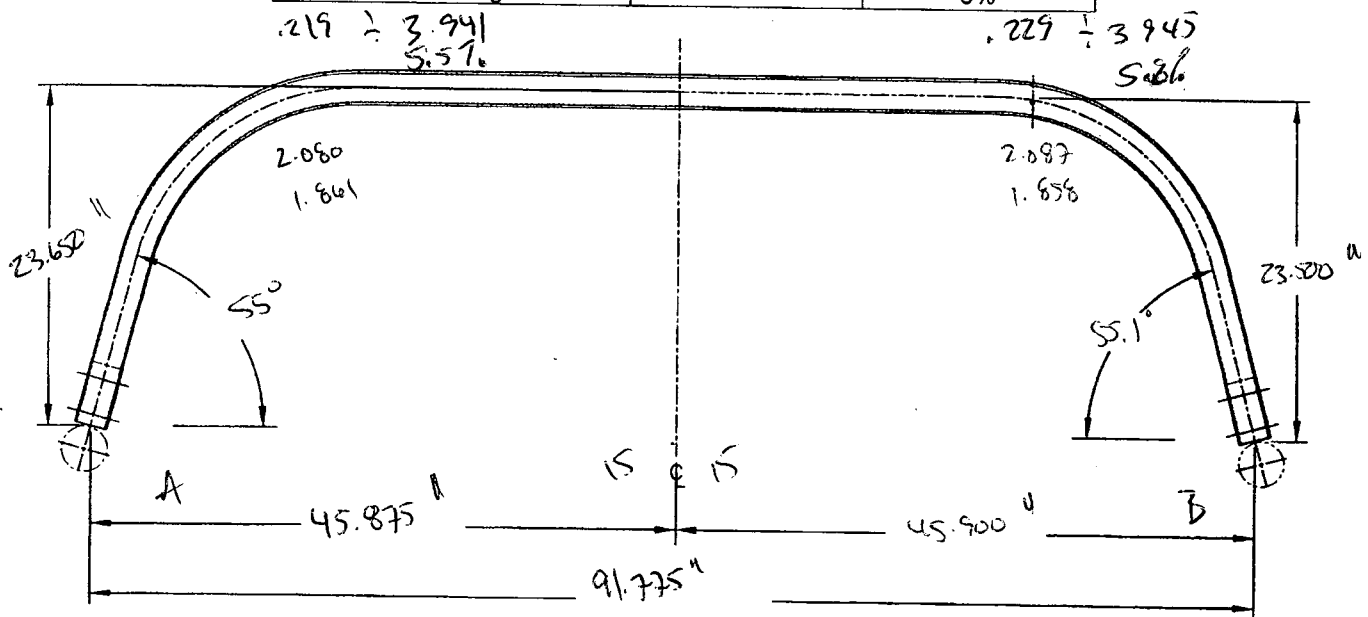
Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

DART AEROSPACE LTD		Work Order:	89369
Description: Crosstube High Fwd (407)		Part Number:	D407-667-105
Inspection Dwg: D407-667-145	Rev: <i>01</i>	Page 1 of 1	

12/10/27

Required Dimension	Min	Max
Height	23.41	23.67
1/2 Span	45.81	46.07
Angle	54	56
Total Span	91.63	92.13
Bending Passes	6	--
Crushing	--	6%



	Side A	Side B
Bending Passes	15	15
Crushing	5.5%	5.8%
Comments		
Side A = 5.5% crushing @ 15 Passes		
Side B = 5.8% crushing @ 15 Passes		

QC15 Inspection	<i>DAS</i>
Date	<i>16 17/10/30</i>

Rev	Date	Change	Revised by	Approved
A	07.02.06	New Issue	KJ/JM	
B	09.11.12	Dimensions updated per Dwg Rev C	KJ	
C	12.04.16	Added bending, crushing dimensions	KJ <i>[Signature]</i>	<i>[Signature]</i>

Item	Qty -145	Part Number	Description
1	X	D407-667-145	CROSSTUBE ASSEMBLY (407 HIGH FWD)
2	1	D6010-115	CROSSTUBE
3	2	D2873-043	NUT PLATE
4	2	D2873-045	NUT PLATE
5	2	D2891-1	SUPPORT
6	4	D3595-063-395	RUBBER CUSHION
7	4	MS21920-20	CLAMP (OR MS21920-21)
8	14	MS20601AD4W10	RIVET (OR NAS9302B-4-10)
9	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299- 947-100, TYPE II, CLASS 2 ADHESIVE)

GENERAL NOTES:

- 1) MATERIAL: MANUFACTURED FROM D6010-115
FINISHED LENGTH = 113.20±0.020
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2
PAINT OUTSIDE PER DART QSI 005 4.2
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED.
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED.
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX.
- 6) IDENTIFICATION: SCRIBE DART PART NUMBER "D407-667-145" AND BATCH NUMBER ON
INSIDE OF CUFF USING VIBRATING STYLUS.
- 7) WEIGHT: 17.8 lbs
- 8) PART IS SYMMETRIC ABOUT CENTERLINE.
- 9) RUN CUTTER OFF PART WHERE INDICATED. BLEND OUT EDGE LONGITUDINALLY,
TRANSITION SHOULD BE SMOOTH.
- 10) BEND PROGRESSIVELY WITH A MINIMUM OF 6 PASSES. MAXIMUM TUBE FLATTENING DUE
TO BENDING IS 6% BASED ON O.D.
- 11) LIQUID PENETRANT INSPECT OUTSIDE SURFACE OF CROSSTUBE PER QSI 038.
- 12) INSTALL D2891-1 SUPPORT USING 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 PER
QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 13) INSTALL MS21920-20 CLAMPS (OR -21) WITH D3595-063-395 RUBBER CUSHIONS TO SECURE
THE D2891-1 SUPPORT ON TOP SIDE OF THE CROSSTUBE. ENSURE CLAMP MECHANISMS
ARE LOCATED ON CROSSTUBE SUPPORTS.
- 14) EXTREME CARE MUST BE TAKEN TO PROTECT THE OUTSIDE SURFACE OF THE TUBE. THE
OUTSIDE SURFACE MUST BE SMOOTH AND FREE FROM SURFACE DEFECTS SUCH AS
SCRATCHES, NICKS, OR DENTS. DEFECTS UP TO 0.005" MAY BE BLENDED OUT
LONGITUDINALLY. CIRCUMFERENTIAL GRIND MARKS ARE UNACCEPTABLE.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS ARE SHOWING IN
SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

SHOW COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER

NO. 89369 MLJ
12/08/29

DEO ATTACHED

ECW #11-615
11.07.26

UNDER REVIEW

RELEASED
04/11/12

C	REVISE GENERAL NOTES/PART LIST (ZN D7-1); REORGANIZED VIEWS AND REFORMATTED DRAWING TO CURRENT STANDARDS. D3595-063-395 WAS D2856-400-694 (ZN D6-2 & A5-2); REMOVED REF. 7 ADD TOLERANCES (ZN C6-3, C4-3, D2-3); RELOCATED FLAG #6 (ZN A8-3) PER NCR 210; MOVED TURNING DETAIL & UPDATED TOLERANCE TO SHEET 4.	RF	08.11.06
B	ADD HOLES AND NUT PLATES FOR COMPATABILITY WITH BHT/AA SKUDTUBES	PH	05.07.26
A	NEW ISSUE	CP	02.05.08
REV.	DESCRIPTION	BY	DATE
DESIGN	<u>RF</u>	DART AEROSPACE LTD	
DRAWN	<u>RF</u>	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<u>RF</u>	DRAWING NO.	REV. C
MFG. APPR.	<u>RF</u>	D407-667-145	SHEET 1 OF 4
APPROVED	<u>RF</u>	TITLE	SCALE
DE APPR.	<u>RF</u>	CROSSTUBE ASS'Y (407 HIGH FWD)	NTS
DATE	08.11.06	COPYRIGHT © 2002 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

8 7 6 5 4 3 2 1

89369

12 D2891-1 SUPPORT
2 PL
15 MS21920-20 CLAMP
4 PL
13 D3595-063-395
RUBBER CUSHION
4 PL (UNDER CLAMP)

13.08

D407-667-505

A4-2

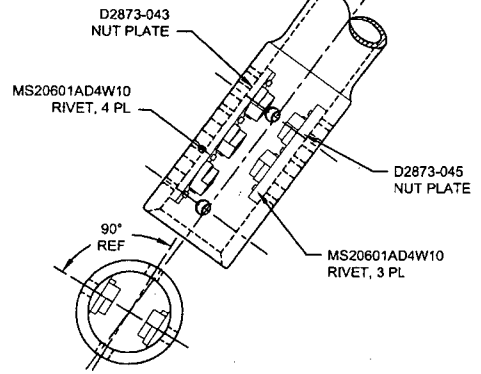
600 #11.615
11.07.26

UNDER REVIEW

RELEASE
08/11/06

DEO ATTACHED

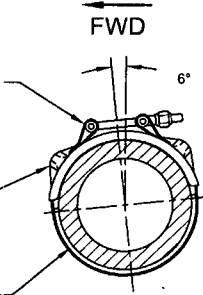
D407-667-145
ASSEMBLY DETAIL
(VIEW LOOKING FWD)



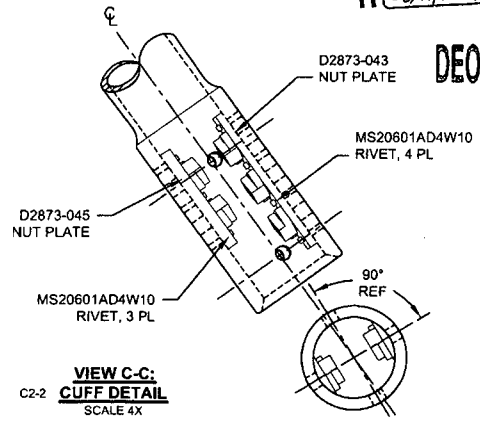
VIEW A-A:
CUFF DETAIL
SCALE 4X

13 15
MS21920-20 CLAMP REF
12
D2891-1 SUPPORT REF

13 15
MS21920-20 CLAMP REF
12
D2891-1 SUPPORT REF
D3595-063-395
RUBBER CUSHION
REF



SECTION B-B
SCALE 5X

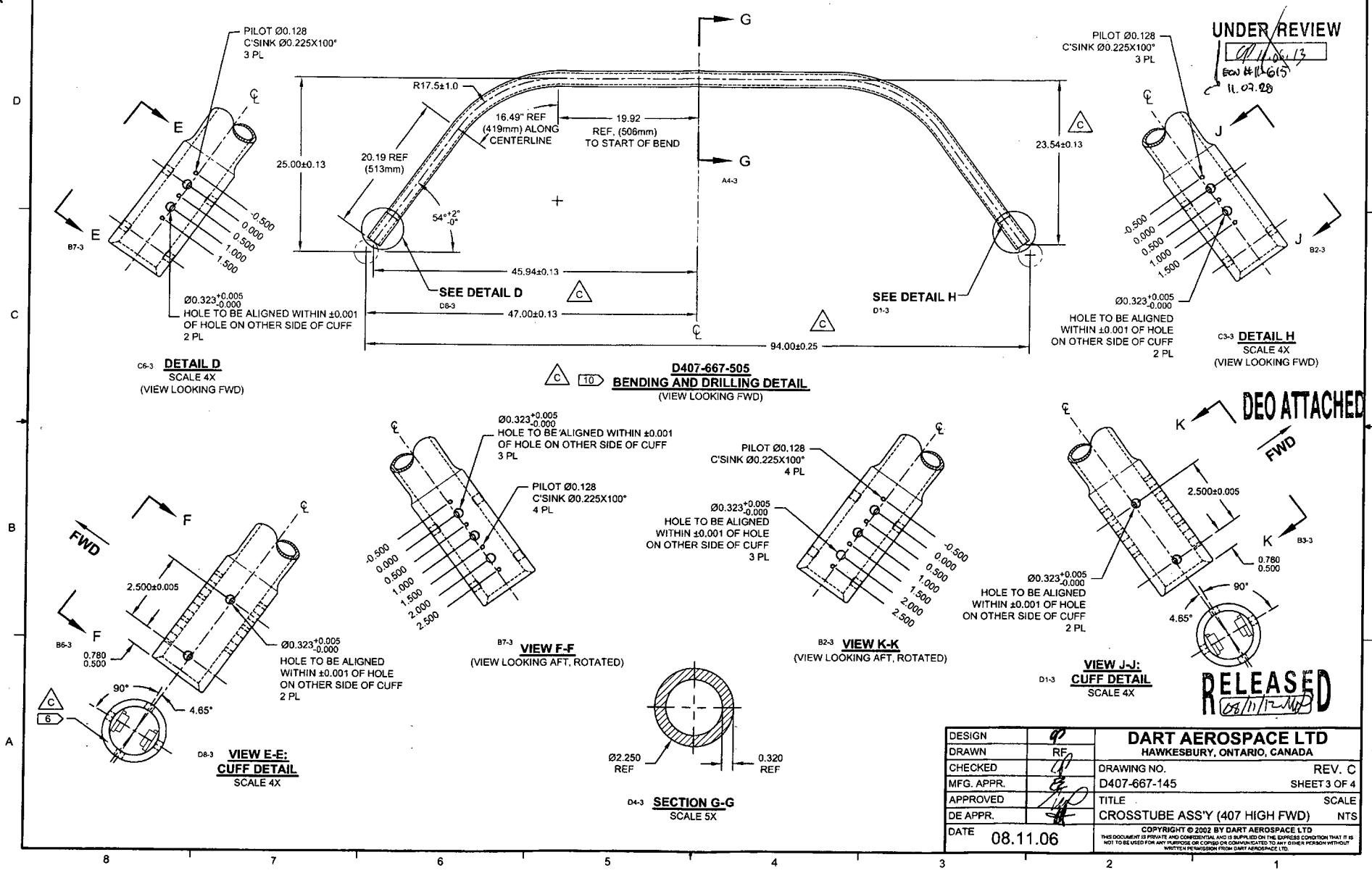


VIEW C-C:
CUFF DETAIL
SCALE 4X

DESIGN	90	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	90	DRAWING NO.	REV. C
MFG. APPR.	90	D407-667-145	SHEET 2 OF 4
APPROVED	90	TITLE	SCALE
DE APPR.	90	CROSSTUBE ASSY (407 HIGH FWD)	NTS
DATE	08.11.06	COPYRIGHT © 2002 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

8 7 6 5 4 3 2 1

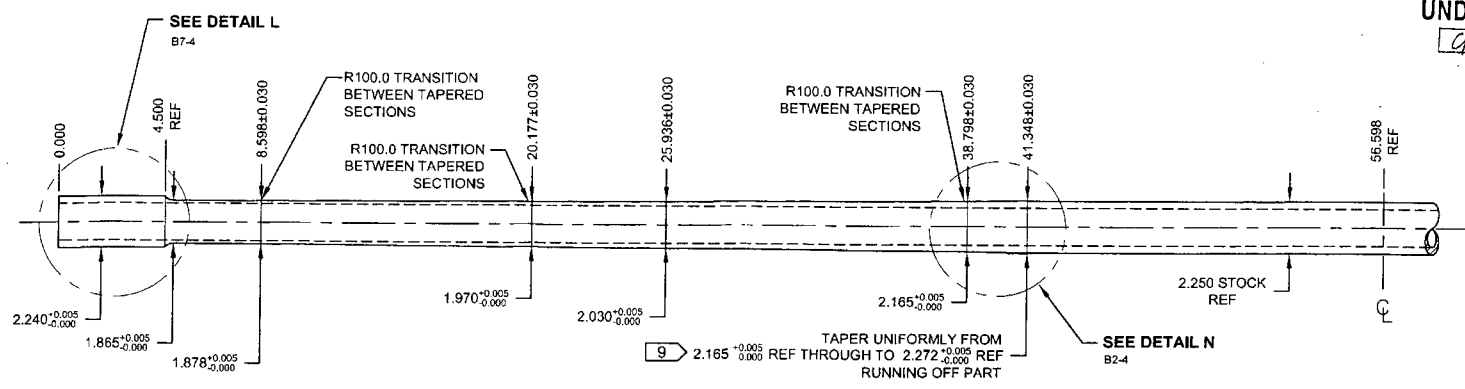
891369



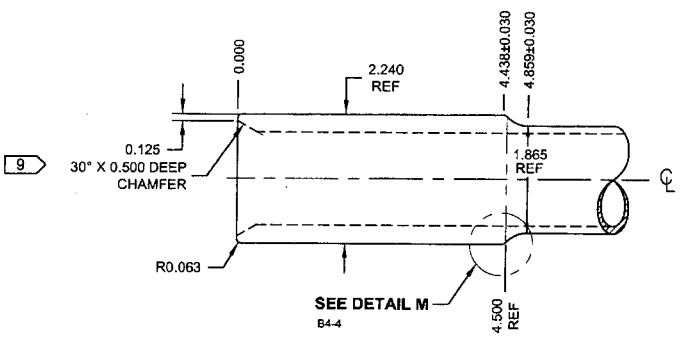
89369

UNDER REVIEW

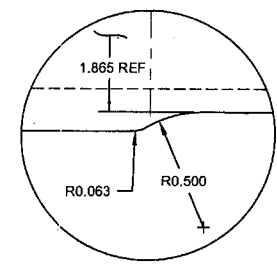
11.08.13
60111.615
11.07.28



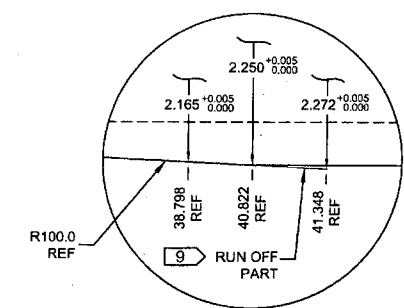
TURNING DETAIL



DETAIL L:
D7-4 **CROSSTUBE CUFF**
NOT TO SCALE



DETAIL M:
B6-4 **CUFF TRANSITION**
NOT TO SCALE



DETAIL N:
C3-4 **TAPER RUN-OFF**
NOT TO SCALE

DEO ATTACHED
RELEASED
08/11/13

DESIGN	9	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	CP	DRAWING NO. D407-667-145	REV. C
MFG. APPR.	EP		SHEET 4 OF 4
APPROVED	JP	TITLE	SCALE
DE APPR.	JP	CROSSTUBE ASS'Y (407 HIGH FWD)	NTS
DATE	08.11.06	<small>COPYRIGHT © 2002 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSES OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	

89369

DRAWING NO. D407-667-145	TITLE CROSSTUBE ASS'Y (407 HIGH FWD)	REV. C	DART AEROSPACE LTD ENGINEERING ORDER		D.E.O. NO. D407-667-145-C-1	SHEET NO. SHEET 1 OF 1	SCALE NTS
DRAWN 90	CHECKED ASS	MFG. APPR. 188	APPROVED WD		DE APPR. H		
DATE 11.07.15	DATE 11.07.22	DATE 11.07.22	DATE 11/07/22		DATE 11.07.21		

PURPOSE:

REPLACE MAGNOBOND WITH PROSEAL.

CHANGE:

IS:

Item	Qty -145	Part Number	Description
9	A/R	PROSEAL 890 B-2	SEALANT, AMS-S-8802 CLASS B-2

WAS:

9	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE)
---	-----	----------------	---------------------------------------------------------------------------------------------------------------

NOTE 12 & 15, SHEET 1 IS AMENDED AS FOLLOWS:

IS:

- 12) TO INSTALL D2891-1 SUPPORT: ABRASE MATING SURFACE OF SUPPORT AND CROSSTUBE WITH 180-GRIT SANDPAPER AND REMOVE RESIDUE WITH MEK (OR EQUIVALENT). APPLY A 0.04" TO 0.07" THICK LAYER OF PROSEAL 890 CLASS B-2 (OR AMS-S-8802 CLASS B-2) SEALANT TO MATING SURFACE OF SUPPORT.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING. **PRIOR TO PACKAGING, RE-CHECK TORQUE ON CLAMPS AFTER PROSEAL 890 SEALANT HAS CURED FOR 72 HOURS.**

WAS:

- 12) INSTALL D2891-1 SUPPORT USING 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 PER QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

RELEASED
2011-07-28
WD

891369

DRAWING NO. D407-667-145	TITLE CROSSTUBE ASS'Y (407 HIGH FWD)	REV. C	DART AEROSPACE LTD ENGINEERING ORDER	D.E.O. NO. D407-667-145-C-2	SHEET NO. SHEET 1 OF 1	SCALE NTS
DRAWN AJS	CHECKED	MFG. APPR.	APPROVED	DE APPR.		
DATE 12.08.02	DATE 12.08.02	DATE 12.08.02	DATE 12.08.02	DATE 12.08.02	DATE 12.08.02	

PURPOSE:

ADD ELECTRICAL GROUNDING STRAP

CHANGE:

ITEM	QTY -145	PART NUMBER	DESCRIPTION
1	X	D407-667-145	CROSSTUBE ASSEMBLY (407 HIGH FWD)
10	2	AN742D36	CLAMP
11	2	MS9165-05	ANGLE BRACKET
12	2	MS21042L3	NUT (OR MS21042-3)
13	2	MS27039-1-08	SCREW
14	4	NAS1149C0332R	WASHER (OR AN960C10L)

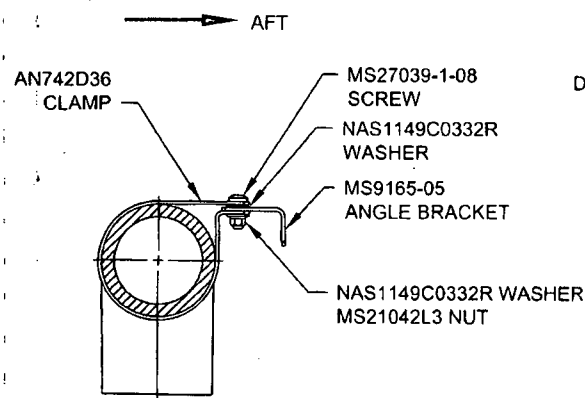
ADD

GENERAL NOTES:

- 16) MASK AREA UNDER CLAMP PRIOR TO PAINTING
- 17) SEAL EDGES WHERE AN742D36 CLAMP MEETS WITH THE CROSSTUBE USING SIKAFLEX-241/-291 OR MIL-S-8802 CLASS B2 OR PROSEAL 890 SEALANT
- 18) PERFORM RESISTANCE CHECK TO ENSURE MAX RESISTANCE IS 10 MILLIOHMS

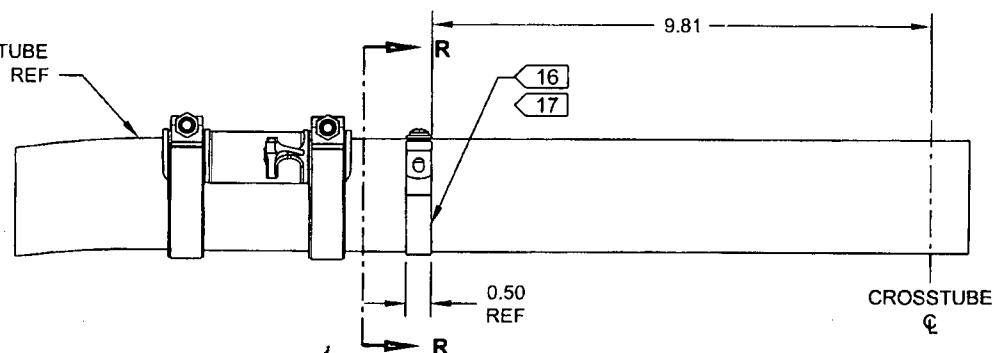
ADD

RELEASED
CP 12.08.17
ECN 12-631



SECTION R-R

D407-667-505 CROSSTUBE REF



DETAIL P
BONDING STRAP INSTALLATION 2 PL

DART SERVICE INSTRUCTION

TO AMEND INSTRUCTIONS FOR CONTINUOUS AIRWORTHINESS ICA-D206-667 Rev. 3 OR LATER

REF. CANADIAN STC: SH01-5

REF. FAA STC: SR01304NY

REF. EASA STC: EASA.IM.R.S.01179

PURPOSE:

The supports on the following crosstubes are now installed using Proseal instead of Magnobond:

D206-667-101 @ CHG 004
D206-667-103 @ CHG 005
D206-667-107 @ CHG 002
D206-667-201 @ CHG 004

D206-667-203 @ CHG 004
D206-667-207 @ CHG 002
D407-667-105 @ CHG 004

CHANGE:

For the crosstubes listed above, section 32.4 of ICA-D206-667 is amended as follows. Use Figures 32-4 to 32-8 of ICA-D206-667 for further reference. For crosstubes of an earlier change number, it is recommended that if the supports are removed, the supports should be reinstalled using the procedure listed below.

32.4 SUPPORT INSTALLATION



- 32.4.1 Locate the area on crosstube for installation of support (ref. Figures 32-4 to 32-8 of ICA-D206-667). For D206-667-101/-103/-107/-201 and D407-667-105 crosstubes, the outward face of the support tabs should be 13.08" (332mm) from the crosstube center. For D206-667-203/-207 crosstubes, the outward face of the support tabs should be 10.03" (255mm) from the crosstube center. Ensure paint finish of crosstube is intact; touch up as required per Chapter 5 (5.3.9) of ICA-D206-667.
- 32.4.2 If present, remove any paint/primer on bottom of supports. Abrade mating surfaces of support and crosstube with 400-grit sandpaper. Saturate a clean cloth with MEK or 4105S Wash'n'Wipe Degreaser or equivalent and wipe until there is no residue.
- 32.4.3 Ensure a layer of 3M Scotch-Weld 2216 B/A Epoxy Adhesive is on the bottom of the support. If required, either apply or touch-up support to have a 0.03" to 0.05" thick layer of adhesive over the entire mating surface. Allow supports to cure for 24 hours.
- 32.4.4 Abrade mating surfaces of support (after cure) and crosstube with 180-grit sandpaper. Saturate a clean cloth with MEK or 4105S Wash'n'Wipe Degreaser or equivalent and wipe until there is no residue.
- 32.4.5 Apply a 0.04" to 0.07" thick layer of Proseal 890 Class B or AMS-S-8802 Class B sealant underneath applicable support and install support.
- 32.4.6 Install the clamps opposite to crosstube support as shown in Figures 32-4 to 32-8 of ICA-D206-667. Install rubber cushions underneath each clamp around the bottom circumference of the crosstube up to the crosstube centerline. Torque clamps 80-100 in·lb (9.0-11.3 Nm). It is acceptable to use smaller or larger sized MS21920-XX clamps than those listed in ICA-D206-667, ensure that after torquing the clamps per this instruction, the nuts are in safety but not bottomed out.
- 32.4.7 Prior to installing crosstube on aircraft, allow supports to cure for 72 hours and recheck torque on clamps.

CANADA
DEPARTMENT OF TRANSPORT
AIRCRAFT CERTIFICATION
BRANCH
DAO # 01-O-01

APPROVED

BY: 
D. SHEPHERD (DE # 02)

DATE: 11.07.20
CERT. NO.: SH01-5
ISSUE NO.: 3

A	NEW ISSUE	CP	11.07.15
REV.	DESCRIPTION	BY	DATE
DESIGN	q	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	q		
CHECKED	ASS	DRAWING NO.	REV. A
MFG. APPR.	N/A	DSI 9565	SHEET 1 OF 1
APPROVED		TITLE	SCALE
DE APPR.		SUPPORT INSTALLATION CHANGE	NTS
DATE	11.07.15	COPYRIGHT © 2011 BY DART AEROSPACE LTD <small>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	

69369

DART SERVICE INSTRUCTION

TO AMEND INSTALLATION INSTRUCTIONS IIN-D206-667 REV. D AND EARLIER AND
INSTRUCTIONS FOR CONTINUED AIRWORTHINESS ICA-D206-667 REV. 3 AND EARLIER

REF: CANADIAN STC: SH01-5

REF: FAA STC: SR01304NY

REF: EASA STC: EASA.IM.R.S.01179

PURPOSE:

The purpose of this service instruction is to permanently add the D206-667-017 Kit to the DXXX-667-101/-103/-105/-107 Crosstube kits.

INSTRUCTIONS:

DXXX-667-101/-103/-105/-107 Crosstubes at CHG 005/006/005/003 (respectively) and later are supplied with the D206-667-017 Grounding Strap Kit installed per section 3.2 of IIN-D206-667 Rev. D.

WEIGHT AND BALANCE

There is a negligible weight change associated with the installation of this kit.

CANADA
DEPARTMENT OF TRANSPORT
AIRCRAFT CERTIFICATION
BRANCH
DAO # 01-O-01

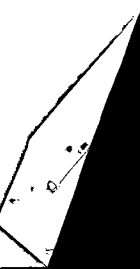
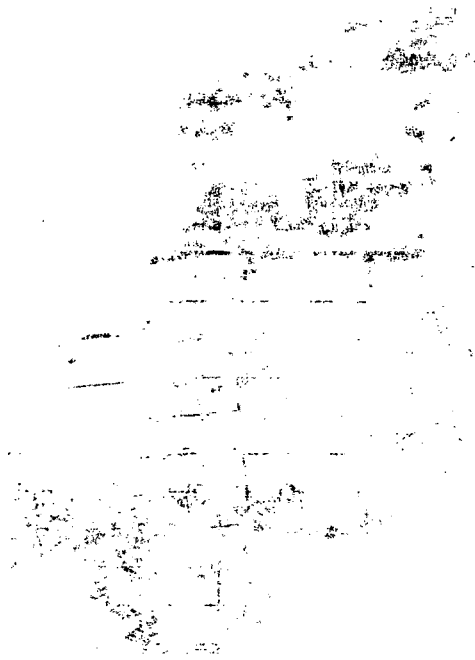
APPROVED

BY: *MS*
D. SHEPHERD (DE # 02)

DATE: 12.08.02
CERT. NO.: SH01-5
ISSUE NO.: 3

A	NEW ISSUE (REF CIR 12-3)	AJS	11.08.02
REV.	DESCRIPTION	BY	DATE
DESIGN	AJS	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	AJS		
CHECKED	<i>B</i>	DRAWING NO.	REV. A
MFG. APPR.	N/A	DSI 9628	SHEET 1 OF 1
APPROVED	<i>MS</i>	TITLE	SCALE
DE APPR.	<i>MS</i>	GROUNDING STRAP INSTALLATION	NTS
DATE	12.08.02	COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

69369





LIQUID PENETRANT TEST REPORT

P- 12681

CLIENT DAI AIRSPACE DATE Nov. 6/12 PAGE 1 OF 1
ATTENTION LINDA LACELLE ACUREN JOB NO. 188-12-CO394 TIME AM ☒ PM ☐
ADDRESS 1270 ABERDEEN ST POWO No. 18342
HAWKESBURY, ON. WORK LOCATION SAME
ACCEPTANCE STD. ASTM 1417/01-07 REV./DATE 2005
PROJECT F.P.I. on CROSS TUBES
ITEM(S) EXAMINED (4)

JOB DESCRIPTION PROCEDURE No. LT-002 REV./DATE 2008 TECHNIQUE No. LT-002 REV./DATE 2008
PART No. SEE RESULTS MATERIAL Aluminum THICKNESS Various
SCOPE A WET FLUORESCENT DYE PENETRANT INSPECTION WAS COMPLETED ON THE 100% SURFACE ONLY

TEST DETAILS
METHOD ☒ FLUORESCENT ☐ VISIBLE ☒ WATER WASH ☐ SOLVENT REMOVABLE ☐ POST EMULSIFIED
FAMILY BRAND NANAFLEX BLACK LIGHT S/N 16455 ☐ OUTPUT > 1000 μ W/cm² ☐ AMBIENT < 2 fc
PENETRANT 2LG7 MINIMUM DWELL TIME 45 MIN. LIGHTING EQUIP. ☐ FLASHLIGHT ☐ TROUBLELIGHT ☐ OUTPUT > 100 fc @ SURFACE
PENETRANT REMOVER H2O MINIMUM DRY TIME >10 MIN. OTHER LABINO
DEVELOPER SKD52 MINIMUM DWELL TIME 10 MIN. LIGHT METER S/N 1098866 CAL DUE DATE Nov 12/12
DEVELOPER TYPE ☒ NON AQUEOUS ☐ AQUEOUS ☐ DRY

TEST SURFACE
SURFACE CONDITION ☐ AS GROUND ☐ AS WELDED ☒ MACHINED ☐ SHOT BLASTED ☒ CLEAN BARE METAL
SURFACE TEMPERATURE ☐ < -4°C/ 20°F ☐ -4°C/ 20°F TO 10°C/50°F ☒ 10°C/50°F TO 52°C/125°F ☐ > 52°C/125°F

RESULTS- ☒ METRIC ☐ IMPERIAL

ITEM	COMMENTS	ACCEPT	REJECT
	<u>CROSS TUBE - w.o. #</u>		
<u>1</u>	<u>- 92453</u>	<input checked="" type="checkbox"/>	
<u>1</u>	<u>- 88092</u>	<input checked="" type="checkbox"/>	
<u>1</u>	<u>- 89368</u>	<input checked="" type="checkbox"/>	
<u>1</u>	<u>- 89367</u>	<input checked="" type="checkbox"/>	

Scope of Services
The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacture, repair and use decisions as a result of the data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.
Standard of Care
In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

SIGNATURES
CLIENT REPRESENTATIVE Matthew Muroch DTR # E-117456
TECHNICIAN (SIGNATURE): Mike J. Hutz REPORT REVIEWED BY:
NAME (PRINT): Mike J. Hutz NAME INITIALS
CGSB LEVEL 1 SNT LEVEL 1 CGSB LEVEL 1 SNT LEVEL 1
CGSB REG. No. 6606 CGSB REG. No. 6606